



Request for DKF Membership

DKF e.V.
Magellanstrasse 16,
70771 Echterdingen

Mobil: +49 152 26 43 1000
E-Mail: dkf-office@dkf-offset.com

Hereby I (we) apply for my (our) accession to the DKF with immediate effect.

I (We) oblige (us) to pay the full annual fee in accordance with the valid defined contribution regulations as soon as we receive the confirmation as a member of the DKF e.V..

According to the respective valid defined contribution regulations, I (we) join

- Category 1 - EUR 750:** full member; with voting rights
- Category 2 - EUR 350:** Extraordinary member; without voting rights

Questionnaire for potential DKF Member:

A. Identifying Company Information

Full name of the company (official registration name):

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Contact Person:

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Department:

.....

Branch:

.....

Street:

..... Nr.

Zip Code:

..... City:

Phone:

.....

Fax:

.....

Cell Phone:

.....

E-Mail:

.....

Internet:

.....

DKF e.V. Magellanstrasse 16, 70771 Echterdingen
Vorsitzende des Vorstandes: Silvia Bergmann
Vorstände: Markus Bauer, Iwan Banwart, Kenan Kurtovic
Vorstand und Schatzmeister: Marius Müller
Büroleitung: Günter Celikel
Kontakt: DKF-Office@dkf-offset.com



B. Company Business Information

B.1. Date of formation of the company:

B.2. Please provide any other names by which the company has been known and the date of name change:

B.3. Please provide the commercial registration number and registration authority:

B.4. Number of employees: _____

Please attach a copy of the company`s current internal organization chart.



B.5. Please describe the company`s principal lines of business:

B.6. Please provide a chart showing the group structure:

C. Certification

The signee, being duly authorized to respond to this questionnaire and to acknowledge the matters set forth below, hereby acknowledge as follows:

All information given in this questionnaire is correct and complete.

Signature: _____

Full name: _____

Place and date of signature: _____